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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 19036/40796	
Application Number 10/561,629-Conf. #8420		Filed	December 20, 2005
For OPHTHALMIC COMPOSITION			
Art Unit	Not Yet Assigned	Examiner	Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$460	\$230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 57,712			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
<u>/Shelley C. Danek, Ph.D., #57,712/</u> Signature		October 9, 2007 Date	
<u>Shelley C. Danek, Ph.D.</u> Typed or printed name		(312) 474-6300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 9, 2007

Electronic Signature for Shelley C. Danek, Ph.D.: /Shelley C. Danek, Ph.D., #57,712/